

CLAIMS ONLY
BEST AVAILABLE COPY

Application Number

Filing Date

~~Applicant(s)~~

10-01-01

5-31-05

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/
2		/					52	/
3							53	/
4							54	/
5							55	/
6							56	/
7							57	/
8							58	/
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18	/						68	
19		/					69	
20	/						70	
21	/						71	
22			/				72	
23	/						73	
24	/						74	
25	/						75	
26	/						76	
27	/						77	
28			/				78	
29			/				79	
30	/						80	
31			/				81	
32			/				82	
33			/				83	
34			/				84	
35			/				85	
36			/				86	
37			/				87	
38			/				88	
39			/				89	
40			/				90	
41			/				91	
42			/				92	
43			/				93	
44			/				94	
45			/				95	
46			/				96	
47			/				97	
48			/				98	
49			/				99	
50			/				100	
Total Indep	15		4	5	1		Total Indep	
Total Depend	40	←	5	2	2	←	Total Depend	←
Total Claims	55		9	3			Total Claims	